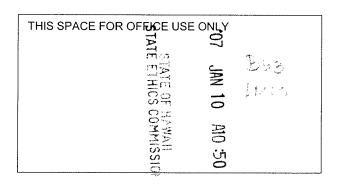


## HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org



## LOBBYIST REGISTRATION FORM

\$ 3 · 1 ·

(Type or Print Clearly)

PARTI LOBBYIST	(1)		
NAME (Last)	(First)	(Middle)	TELEPHONE
BISSELL	KAthleen	GAY	415-273-0413
MAILING ADDRESS (Street)			FAX
ONE FRONT St, Ste:	550		403-334-7646
(City)	(State)	(Zip	Code)
SAN FRANCISCO	CA	9411	1
EMPLOYING ORGANIZATION (Fill in only if yo	u are employed by a business entity whi	ich has been retained to lobby)	TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip	Code)

PART II ORGANIZATION	
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
Liberty Mutual Insurance Group	617-357-9500
MAILING ADDRESS (Street)	FAX
175 Berkeley Street	617-574-5783
(City) / (State)	(Zip Code)
Boston Massachusetts	02117
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Joseph A. DiGIOVANNI	617-357-9500
MAILING ADDRESS (Street)	FAX
175 Berkeley Street	617-574-5783
Roston (State) Wassachusetts	(Zip Code)

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
Agriculture	Education	Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	<ul><li>Intergovernmental Relations, International Affairs</li></ul>	☐ Tourism & Recreation		
Consumer Protection & Commerce	☐ Hawaiian Affairs	Labor & Employment	Transportation		
Culture, Arts, Historic Preservation	Health	<ul><li>Planning, Land &amp; Water</li><li>Use Management</li></ul>	Other: (indicate below)		
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections			
	N OF LOBBYIST				
I hereby certify that the	e information furnished a bov	e is, to the best of my knowled	ge, correct and complete.		
Kathed Bissell 12-			2-18-06		
(Signature of Lobbyist) (Date)		(Date)			
PART V AUTHORIZATION TO LOBBY					
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
L	DiGiovanni	VICE PRESIDENT.	Public AFFAIRS		
NAME OF ORGANIZATION (if a	pplicable)		TELEPHONE		
Liberty Mu	itual Insura	uce Group	617-357-95-00		
MAILING ADDRESS (Street)			FAX		
175 Bevl	Keley Street		617-574-578		
(City)	(State)		(Zip Code)		
Beston	Mass	Aehusetts	02117		
I hereby authorize the above - named person to engage in lobbying a ctivities on behalf of the undersigned.					
Jorgan A.	Oi Gurmi	\\ c	m 4, 2001		
( ) (Signature of Au	thorizing Officer or Person Repres	sented)	(Date)		